

Howenstein, Kim

From: "Inquisite Server" [administrator@myserver.com]
Sent: Wednesday, October 12, 2011 3:22 PM
To: GMB-QRA-AD-Managed Care
Subject: Response for Closed Door Identification

E-mail notification for survey response

Survey Title: Closed Door Identification Respondent Unique Key: INQ-20111012140109-616418587
Response Date: Wed, Oct 12, 2011 14:21:34

Page 1

Name of Sales Representative completing this form:

{Enter text answer}

[Jesse Kave]

How many Closed Door accounts are you responsible for?

{Choose one}

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

Acct Name 1:

{Enter text answer}

[Lincoln Primary Care]

DEA # 1:

{Enter text answer}

[BR9566639]

Distribution Ctr 1:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

☒ Yes

☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

☐ Hospitals

☒ Clinics (including 340B and PHS)

☐ Cardiac Catheterization Labs

- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 2

Acct Name 2:

{Enter text answer}

[Mildred Mitchell-Bateman Hosp]

DEA # 2:

{Enter text answer}

[BM7449235]

Distribution Ctr 2:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☒ Hospitals
- ☐ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs

- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☐ 340-B / PHS
- ☐ Prisons
- ☒ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 3:

{Enter text answer}

[New River Family Hlth Ctr]

DEA # 3:

{Enter text answer}

[AN2412649]

Distribution Ctr 3:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists

- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 3

Acct Name 4:

{Enter text answer}

[New River Family Hlth Gulf]

DEA # 4:

{Enter text answer}

[FG2009973]

Distribution Ctr 4:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists

- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 5:

{Enter text answer}

[R-Excellence Prog Man]

DEA # 5:

{Enter text answer}

[FR2293936]

Distribution Ctr 5:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics

- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 4

Acct Name 6:

{Enter text answer}

[Union Pharmacy 340B]

DEA # 6:

{Enter text answer}

[BU3824427]

Distribution Ctr 6:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics

- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☒ Yes
- ☐ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 7:

{Enter text answer}

[Welch Comm Hospital]

DEA # 7:

{Enter text answer}

[AW5878321]

Distribution Ctr 7:

{Enter text answer}

[Wheeling 08]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☒ Hospitals
- ☐ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies

- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☐ 340-B / PHS
- ☐ Prisons
- ☒ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Page 5

Acct Name 8:

{Enter text answer}

[Big Sandy Healthcare]

DEA # 8:

{Enter text answer}

[AB8252239]

Distribution Ctr 8:

{Enter text answer}

[Knoxville 09]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies

- ☐ Infusion Centers
- ☐ Hospice
- ☐ None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

- ☐ Long Term Care / Nursing Homes
- ☐ Home Infusion
- ☒ 340-B / PHS
- ☐ Prisons
- ☐ Hospitals
- ☐ Clinics
- ☐ Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

- ☐ Yes
- ☒ No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}

Acct Name 9:

{Enter text answer}

[Shelby Valley Clinic]

DEA # 9:

{Enter text answer}

[BS8907973]

Distribution Ctr 9:

{Enter text answer}

[Knoxville 09]

1. Is your customer limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do they purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

{Choose one}

- ☒ Yes
- ☐ No

2. Is your customer one of the following entities that solely dispenses pharmaceuticals directly to a patient? Please select:

{Choose one}

- ☐ Hospitals
- ☒ Clinics (including 340B and PHS)
- ☐ Cardiac Catheterization Labs
- ☐ Physicians' Offices
- ☐ Dentists
- ☐ Blood Centers
- ☐ Dialysis Clinics
- ☐ Surgery Centers
- ☐ Home Health Care Agencies
- ☐ Infusion Centers
- ☐ Hospice

() None of the above

3. Please indicate the facility's Primary Custome Base:

{Choose one}

() Long Term Care / Nursing Homes

() Home Infusion

(*) 340-B / PHS

() Prisons

() Hospitals

() Clinics

() Other

4. Does this facility service Walk-in patients off the street?

{Choose one}

() Yes

(*) No

[*]

I understand the information I have provided to be true and accurate.

{Choose if appropriate}